

**GOLDBERG SEGALLA LLP**

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Attorneys for Plaintiff LM Insurance Corporation

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**

LM INSURANCE CORPORATION

175 Berkeley Street

Boston, Massachusetts 02117

Plaintiff,

v.

KENVIL UNITED CORPORATION

60 North Dell Avenue

Kenvil, New Jersey 07847

Defendant.

CIVIL ACTION NO.

**COMPLAINT**

Plaintiff, LM Insurance Corporation by and through its attorneys Goldberg Segalla LLP hereby complains of the defendant as follows:

**PARTIES**

1. Plaintiff LM Insurance Corporation ("Liberty") was at all relevant times an Illinois Corporation with its principal place of business at 175 Berkeley Street, Boston, Massachusetts, LM Insurance Corporation is sometimes hereinafter referred to as "Liberty."

2. Defendant Kenvil United Corporation was at all times relevant a New Jersey Corporation with its principal place of business at 60 North Dell Avenue, Kenvil, New Jersey.

### **JURISDICTION AND VENUE**

3. This is a civil action wherein jurisdiction is founded on diversity of citizenship. The amount in controversy is in excess of Seventy-Five Thousand Dollars (\$75,000.00) exclusive of interest and costs as specified in 28 U.S. § 1332.

4. Venue is properly laid in this district pursuant to 28 U.S.C. § 1391(a) in that a substantial part of the events or omissions giving rise to the claim occurred in this judicial court.

### **BACKGROUND**

#### **The New Jersey Workers' Compensation Insurance Plan**

5. New Jersey has a voluntary market for the buying and selling of workers compensation insurance. In New Jersey's voluntary market, an employer may purchase workers compensation insurance from any authorized carrier that is willing to underwrite the coverage.

6. New Jersey has an "involuntary market" for those employers who may not be able to procure workers compensation coverage in the voluntary market.

7. New Jersey's involuntary market mechanism is the New Jersey Workers Compensation Insurance Plan.

8. The New Jersey Workers Compensation Insurance Plan ("New Jersey Plan") is administered by the New Jersey Compensation Rating and Inspection Bureau ("CRIB") pursuant to its statutory authority with the approval of the Department of Banking and Insurance.

#### **Defendant's Application For Coverage Through the New Jersey Plan**

9. On or about May 3, 2007 Kenvil United Corporation ("Kenvil") through the insurance producer selected by it, submitted to CRIB a New Jersey Workers' Compensation Insurance Plan Application for Designation of an Insurance Company ("the Application"). A true copy of the Application is attached hereto and made part hereof, designated **Exhibit A**.

10. The Application contained an Employers Certification which was executed by Gerald Fahy. The Employer Certification provided in pertinent part:

I hereby acknowledge that I have fully read the instructions related to the completion of this application as well as above statements and personally certify that the foregoing statements and information contained in this application are true and accurate to the best of my knowledge and, that I, as an owner/operator, am fully authorized to sign this application on behalf of the applicant, and to bind the applicant. I understand that under New Jersey criminal law, insurance fraud is punishable by up to ten (10) years imprisonment and fines up to \$150,000, as well as civil penalties authorized by the New Jersey Insurance Fraud Prevention Act. If this application for coverage represents an electronic submission for coverage, I further acknowledge receipt of copies of all instruments relating to such submission, including the instructions for completion application, the fully completed application and addendums and the authorization for release of funds and certification.

I understand that, as the applicant, the information provided herein is material and will be relied upon by the Compensation Rating & Inspection Bureau, as well as by the designated insurance company, to produce the requested insurance and will be used to calculate my preliminary workers' compensation premium.

I also understand that I have continuing obligation to promptly notify the designated carrier of changes in:

- The kind of work conducted by the business
- The size of and/or classification of our workforce
- The amount of remuneration
- The business ownership or business structure
- Change of mailing address and/or principal physical location

I agree to make available all records necessary for a carrier or rating bureau audit and to permit the auditor or other representative to make a physical inspection of our premises/operations. I understand that failure to do this may result in termination of the coverage provided, civil penalties and/or criminal prosecution.

It is further understood that if there is workers' compensation liability under the law(s) of any other state(s), other arrangements must be made.

In accordance with New Jersey law, if I/we intentionally understate or conceal, remuneration, or misrepresent or conceal employee duties, so as to avoid proper classification for premium calculations, or misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor, I/we shall be subject to civil penalties authorized by the New Jersey Insurance Fraud Prevention Act, as well as prosecution under the criminal laws of this State.

11. In submitting the Application, Kenvil agreed and certified with respect to any carrier assigned by CRIB, *inter-alia*:

- (a) that Kenvil would provide true and correct information;
- (b) that Kenvil would cooperate fully with any assigned carrier;
- (c) that Kenvil would inform any assigned carrier promptly of any change in the underwriting information provided.

12. By Notice of Designation dated May 9, 2007, Liberty was assigned by CRIB to provide coverage to Kenvil, effective May 4, 2007. A true copy of the Notice of Designation is attached hereto and made part hereof, designated **Exhibit B**.

13. Liberty provided workers' compensation and employer's liability coverage to Kenvil pursuant to the various policies. Liberty's claims in this action are limited to the following policies:

<u>Policy Number</u>	<u>Dates of Coverage</u>	<u>Reference</u>
WC5-33S-348784-063	5/4/13 – 5/4/14	WC5-063
WC5-33S-348784-064	5/4/14 – 5/4/15	WC5-064
WC5-33S-348784-065	5/4/15 – 11/18/15	WC5-065

The foregoing policies of insurance are sometimes hereinafter referred to as “the Liberty Policies.”

14. The Liberty Policies provided to Kenvil each state in pertinent part:

C. **Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

(1) All your officers and employees engaged in work covered by this policy; and

(2) All other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligation.

1. **Final Premium**

**The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance...**

2. **Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them. (Emphasis added).

3. **Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision. (Emphasis added).

15. Each of the Liberty Policies has a New Jersey Workers Compensation Insurance Plan Eligibility Endorsement (Form WC 29 03 10). Said Endorsement provides in pertinent part:

3. You will have complied with all laws, orders, rules and regulations in force and effect relating to the workforce health and safety of your employees, including but not limited to:

(a) You will comply with our right to inspect and recommendations resulting therefrom, as described in this part.

Nothing contained herein alters the Policy Provisions of Part 6 – Conditions, and

(b) You will keep records or information needed to compute premiums as described in **PART FIVE – PREMIUM, G, AUDIT** and provide us with copies of those records when we ask for them; and

(c) You will let us examine and audit your records and otherwise fully cooperate with our attempts to conduct premium audits or inspect the workplaces.

16. Liberty attempted on numerous occasions to complete audits with respect to each of the Liberty Policies.

17. After numerous requests, Kenvil ultimately provided Liberty with sufficient access to its books and records in order that premium audits could be completed with respect to the Liberty Policies.

18. Liberty has billed Kenvil for premiums due and owing pursuant to the Liberty Policies, the Application and the New Jersey Workers' Compensation Insurance Plan but Kenvil has failed and refused to pay same.

**FIRST COUNT**

19. Liberty repeats and reallages the allegations of the preceding paragraphs as is same were set forth at length herein.

20. Kenvil has failed and refused to comply with its responsibilities and duties with regard to the Liberty Policies.

21. By reason of the foregoing, Liberty has been damaged.

22. Liberty has reasonably estimated the premiums with respect to the Liberty Policies. There is a balance due and owing of \$1,467,722.46 as appears from **Exhibit C** attached hereto.

**WHEREFORE** plaintiff LM Insurance Corporation demands judgment against defendant Kenvil United Corporation as follows:

- a. For compensatory damages.
- b. For interest.
- c. For costs of suit.
- d. For such other and further relief as to the Court may seem just.

**SECOND COUNT**

23. Liberty repeats and reallages the allegations of the preceding paragraphs as is same were set forth at length herein.

24. Liberty sues Kenvil for the reasonable and lawful value of workers' compensation and employer's liability insurance provided to Kenvil as set forth in paragraph 13 hereof.

**WHEREFORE** plaintiff LM Insurance Corporation demands judgment against defendant Kenvil United Corporation as follows:

- a. For compensatory damages.
- b. For interest.
- c. For costs of suit.
- d. For such other and further relief as to the Court may seem just.

**GOLDBERG SEGALLA LLP**

s/ *Jonathan M. Kuller*

Jonathan M. Kuller, Esq.  
Attorneys for Plaintiff  
301 Carnegie Center / Suite 200  
Princeton, NJ 08540  
Ph. 609-986-1315  
Fax 609-986-1301  
[jkuller@goldbergsegalla.com](mailto:jkuller@goldbergsegalla.com)

Date: July 3, 2018



# **EXHIBIT A**

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Printer

Page 1 of 6

<b>NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN</b>				Date 05/03/2007	
<b>APPLICATION FOR DESIGNATION OF AN INSURANCE COMPANY</b>					
COMPENSATION RATING AND INSPECTION BUREAU 60 PARK PLACE, NEWARK, NEW JERSEY 07102 (973) 822-6014					
This employer is unable to purchase Workers Compensation and Employers Liability Insurance for its liability under the New Jersey Workers Compensation Law. At least three non-affiliated companies have declined to provide voluntary coverage. For that reason the employer applies for selection of an insurance company through the New Jersey Workers Compensation Insurance Plan.					
APPLICATION NUMBER 00412932		BUREAU FILE NUMBER		COVERAGE REQUESTED EFFECTIVE DATE 05/04/2007	
1. NAME OF APPLICANT KENVIL UNITED, INC.		TELEPHONE NUMBER 973-927-0010		NEW JERSEY TAXPAYER IDENTIFICATION # 205011727	
2.a. MAILING ADDRESS (including ZIP code) P.O. BOX 32 WHARTON NJ 07885		2.b. FULL ADDRESS OF PRINCIPAL PHYSICAL LOCATION(No P.O. Box) 60 DELL AVENUE KENVIL NJ 07847		3. DATE BUSINESS OR OPERATION BEGAN: 2007	
				4. LEGAL STATUS: CORPORATION	
<b>5. LOCATION OF ALL NEW JERSEY SHOPS, YARDS OR WORK PLACES</b>					
#	(STREET,CITY,COUNTY,STATE,ZIPCODE)	MAX # EMP PER SHIFT	#	(STREET,CITY,COUNTY,STATE,ZIPCODE)	MAX # EMP PER SHIFT
1	60 DELL AVENUE KENVIL NJ 07847	2	2		
3			4		
<b>6. BOOKS AND RECORDS REFLECTING PAYROLLS</b>					
WHAT RECORDS DO YOU MAINTAIN SHOWING ALL PAYROLLS, AND WHERE (LOCATION) MAY THEY BE EXAMINED?					
GENERAL LEDGER 60 DELL AVENUE KENVIL, NJ 07847					
AUDIT INFORMATION CONTACT NAME JERRY FAHY TELEPHONE NUMBER 973-927-0010					
AUDIT ADDRESS(Physical Location) 60 DELL AVENUE KENVIL NJ 07847					
IF PAYROLL SERVICE IS USED PROVIDE NAME, ADDRESS AND TELEPHONE # OF SERVICE  TELEPHONE NUMBER:					
<b>7. OWNERSHIP INFORMATION</b>					
LIST BELOW NAMES, TITLES, DUTIES AND APPROXIMATE ANNUAL REMUNERATION OF CORPORATE OFFICERS. SIMILARLY, INCLUDE ANY PROPRIETORS AND PARTNERS WHERE THE NOTICE OF ELECTION-PROPRIETORS AND PARTNERS HAS BEEN COMPLETED. INCLUDE THEIR SALARIES IN THE PREMIUM COMPUTATIONS. ALSO GIVE THE PERCENT OF STOCK OWNED BY EACH OFFICER AND PARTNER. ATTACH SEPARATE SHEET IF NECESSARY.					
	NAME	TITLE	% OF STOCK OWNED	DUTIES	APPROXIMATE ANNUAL REMUNERATION
1	JERRY FAHY	PRESIDENT	100.0	SALES	\$25480
2					
3					
IF YOU HAVE NOT INCLUDED THE OFFICER'S, OWNERS OR PARTNERS PAYROLL IN THE PREMIUM CALCULATION, EXPLAIN ON SUPPLEMENTAL PAGE					
<b>8. INSURANCE RECORD</b>					
ANY PREVIOUS NJ WORKERS COMP INSURANCE COVERAGE? NO		IF YES, WAS COVERAGE THROUGH: REASON FOR FILING APPLICATION: IF NO, NEW BUSINESS			
INSURANCE RECORD - THREE PREVIOUS YEARS					
STATE	LOCATION	INSURANCE COMPANY	POLICY NUMBER	POLICY PERIOD FROM TO	GOVERNING CLASS
					ANNUAL PREMIUMS
					AUDITED PAYROLL
1					
2					
3					

## 9. INSURANCE COMPANIES WHO HAVE REFUSED/REFUSED INSURANCE

LIST BELOW NAMES AND REPRESENTATIVES OF THREE COMPANIES WHICH HAVE REFUSED COVERAGE IN THE PAST SIXTY DAYS. THE REPRESENTATIVES NAMED MUST BE FULL-TIME EMPLOYEES OF THE INSURANCE COMPANY. IF APPLICABLE, ONE OF THESE COMPANIES SHOULD BE THE ONE PROVIDING WORKERS COMPENSATION INSURANCE TO THE APPLICANT AT THE TIME OF APPLICATION.		HAVE YOU RECEIVED ANY OFFERS OF VOLUNTARY COVERAGE? NO
INSURANCE COMPANY NAME	REPRESENTATIVES NAME	
HARTFORD	GEORGE WINN	
FARMERS	ROSE ESHER	
FITCHBURGH	TIM O'SHEA	
THERE IS A 15% PENALTY SURCHARGE TO THE ANNUAL PREMIUM FOR REJECTING ANY OFFER OF VOLUNTARY INSURANCE.		

## 10. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS APPLICATION NUMBER 00412932

GIVE COMPLETE DESCRIPTION OF BUSINESS AND OPERATIONS INCLUDING PRODUCTS MANUFACTURED, SOLD OR SERVICED.  
 KENVIL UNITED IS A SALES ORGANIZATION SELLING SMALL STEEL BUILDINGS. THEY DO NOT PERFORM ANY CONSTRUCTION OPERATION.

## 11. GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES ON THE SUPPLEMENTAL PAGE	YES	NO	EXPLAIN ALL "YES" RESPONSES ON THE SUPPLEMENTAL PAGE	YES	NO
1. DO YOU HAVE OPERATIONS IN STATES OTHER THAN NEW JERSEY? IF YES, LIST THE STATES AND LENGTH OF TIME IN BUSINESS BY STATE	NO		5. HAS ANY OWNER FILED FOR BANKRUPTCY? IF YES, GIVE DATE AND STATE OF FILING.	NO	
2. HAS THERE BEEN A NAME CHANGE OR A CONSOLIDATION, MERGER OR OTHER OWNERSHIP CHANGE DURING THE PAST THREE YEARS?	NO		6. DO YOU OR ANY COMMONLY OWNED OR MANAGED ENTERPRISES OWE ANY UNPAID WORKERS COMPENSATION INSURANCE PREMIUMS?	NO	
IF YES, ATTACH A SEPARATE SIGNED OWNERSHIP STATEMENT ON EMPLOYERS LETTERHEAD WITH PREVIOUS BUSINESS NAME, OWNERS, INCLUDING PERCENTAGE OF STOCK AND DATE OF CHANGE.			7. HAS ANY INSURANCE COMPANY EVER CANCELED YOUR WORKERS COMPENSATION POLICY FOR NONPAYMENT OR FOR ANY OTHER REASON?	NO	
3. DOES ANY OWNER NAMED IN ITEM #7 HAVE AN OWNERSHIP INTEREST IN ANY OTHER BUSINESS? IF YES, DESCRIBE FULLY.	NO		8. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? IF YES, COMPLETE SUPPLEMENTAL EMPLOYEE LEASING APPLICATION.	NO	
4. HAS ANY OWNER EVER BEEN IN BUSINESS UNDER A DIFFERENT NAME? IF YES, GIVE NAME(S) AND DATE(S) OF OPERATION.	NO		9. DO YOU HAVE ANY TRUCKING OPERATIONS? IF YES, COMPLETE TRUCKERS SUPPLEMENTAL APPLICATION.		NO

## 12a. Current CLASSIFICATION OF OPERATIONS

CLASSIFICATION PHRASEOLOGY	TOTAL # OF EMP PER CODE	CLASS CODE	RATE	TOTAL PREMIUM BASIS	TOTAL WAGES	PREMIUM
TOTAL PREMIUM EXCLUDING MOD/PPAP/SURCHARGES						

## 12b. PROJECTED CLASSIFICATION OF OPERATI

CLASSIFICATION PHRASEOLOGY	TOTAL # OF EMP PER CODE	CLASS CODE	RATE	TOTAL PREMIUM BASIS TOTAL WAGES	PREMIUM
SALES PERSONS	1	8742	.53	25480.00	135.00
CLERICAL	1	8810	.26	50000.00	130.00
CLERICAL OFFICE EMPLOYEES	0	8810	.00	0.00	0.00
SALESPERSONS - OUTSIDE	0	8742	.00	0.00	0.00
DRIVERS NOC	0	7380	.00	0.00	0.00
* ENTER 'NONE' IF EMPLOYER IS NOT SUBJECT TO EXPERIENCE RATING.  ** THIS FACTOR IS APPLIED IN ACCORDANCE WITH 3:14-8(13A) - (13E) OF THE MANUAL.  *** IF ESTIMATED ANNUAL PREMIUM IS LESS THAN \$500, THE DEPOSIT PREMIUM IS THE TOTAL AMOUNT. IF \$500 OR MORE, SEND 40% OF THE TOTAL ESTIMATED ANNUAL PREMIUM, OR \$500 WHICHEVER IS GREATER.	TOTAL PREMIUM SUBJECT TO THE EXPERIENCE MODIFICATION				285.00
	INCR. LIMITS 500/500/500 @ 1.90				50.00
	*PREMIUM MODIFIED TO REFLECT EXP MOD				315.00
	N.J.C.C.P.A.P CREDIT				0.00
	OTHER PREMIUM CHARGES				0.00
					0.00
	TOTAL ESTIMATED STANDARD PREMIUM				315.00
	** PLAN PREMIUM ADJUSTMENT				32.00
	(0800)EXPENSE CONSTANT				200.00
	(9740)FOREIGN TERRORISM PREMIUM CHARGE -\$0.0300 per \$100 PAYROLL				23.00
	(9741)DOMESTIC TERRORISM & CATASTROPHE PREMIUM CHARGE -\$0.0100 per \$100 PAYROLL				8.00
	TOTAL ESTIMATED PREMIUM				578.00
	(0835)SECOND INJURY FUND SURCHARGE				20.00
	(0938)UNINSURED EMPLOYERS FUND SURCHARGE				0.00
	TOTAL ESTIMATED COST \$				598.00
	*** DEPOSIT PREMIUM WITH APPLICATION				598.00

## 13. PREMIUM PAYMENT

THE ATTACHED CHECK FOR \$ 598.00 PAYABLE TO NJ WORKERS COMPENSATION INS PLAN REPRESENTS ADVANCE PREMIUM ACCORDING TO PARAGRAPH 3 OF THE PLAN.

## 14. APPLICANT CERTIFICATION

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ THE INSTRUCTIONS RELATED TO THE COMPLETION OF THIS APPLICATION AS WELL AS ABOVE STATEMENTS AND PERSONALLY CERTIFY THAT THE FOREGOING STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND, THAT I, AS AN OWNER/OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT, AND TO BIND THE APPLICANT. I UNDERSTAND THAT UNDER NEW JERSEY CRIMINAL LAW, INSURANCE FRAUD IS PUNISHABLE BY UP TO TEN (10) YEARS IMPRISONMENT AND FINES UP TO \$150,000, AS WELL AS CIVIL PENALTIES AUTHORIZED BY THE NEW JERSEY INSURANCE FRAUD PREVENTION ACT. IF THIS APPLICATION FOR COVERAGE REPRESENTS AN ELECTRONIC SUBMISSION FOR COVERAGE, I FURTHER ACKNOWLEDGE RECEIPT OF COPIES OF ALL INSTRUMENTS RELATING TO SUCH SUBMISSION, INCLUDING THE INSTRUCTIONS FOR COMPLETING APPLICATION, THE FULLY COMPLETED APPLICATION AND ADDENDUMS AND THE AUTHORIZATION FOR RELEASE OF FUNDS AND CERTIFICATION.

I UNDERSTAND THAT, AS THE APPLICANT, THE INFORMATION PROVIDED HEREIN IS MATERIAL AND WILL BE RELIED UPON BY THE COMPENSATION RATING & INSPECTION BUREAU, AS WELL AS BY THE DESIGNATED INSURANCE COMPANY, TO PROVIDE THE REQUESTED INSURANCE AND WILL BE USED TO CALCULATE MY PRELIMINARY WORKERS COMPENSATION PREMIUM.

I ALSO UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO PROMPTLY NOTIFY THE DESIGNATED CARRIER OF CHANGES IN:

- o THE KIND OF WORK CONDUCTED BY THE BUSINESS
- o THE SIZE OF AND/OR CLASSIFICATION OF OUR WORKFORCE
- o THE AMOUNT OF REMUNERATION
- o THE BUSINESS OWNERSHIP OR BUSINESS STRUCTURE
- o CHANGE OF MAILING ADDRESS AND/OR PRINCIPAL PHYSICAL LOCATION

I AGREE TO MAKE AVAILABLE ALL RECORDS NECESSARY FOR A CARRIER OR RATING BUREAU AUDIT AND TO PERMIT THE AUDITOR OR OTHER REPRESENTATIVE TO MAKE A PHYSICAL INSPECTION OF OUR PREMISES/OPERATIONS. I UNDERSTAND THAT FAILURE TO DO THIS MAY RESULT IN TERMINATION OF THE COVERAGE PROVIDED, CIVIL PENALTIES AND/OR CRIMINAL PROSECUTION.

IT IS FURTHER UNDERSTOOD THAT IF THERE IS WORKERS COMPENSATION LIABILITY UNDER THE LAW(S) OF ANY OTHER STATE(S), OTHER ARRANGEMENTS MUST BE MADE.

IN ACCORDANCE WITH NEW JERSEY LAW, IF I/WE INTENTIONALLY UNDERSTATE OR CONCEAL REMUNERATION, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES, SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I/WE SHALL BE SUBJECT TO CIVIL PENALTIES AUTHORIZED BY THE NEW JERSEY INSURANCE FRAUD PREVENTION ACT, AS WELL AS PROSECUTION UNDER THE CRIMINAL LAWS OF THIS STATE.

PRINT APPLICANT NAME GERALD FAHY	APPLICANT TITLE PRESIDENT	APPLICANT NJ DRIVERS LICENSE OR NJ MVC ID F01742791711562
APPLICANT SIGNATURE GERALD FAHY	DATE 05/03/2007	

Printer

Page 4 of 6

**15. PRODUCER CERTIFICATION**

DESIGNATED LICENSED PRODUCER, IF ANY (INCLUDE ADDRESS) LIC# 9723306 STATE

JOSEPH J. SCHIPSI, INC.  
303 S. KINGS HIGHWAY, SUITE 5  
CHERRY HILL NJ 08034FEDERAL EMPLOYER ID #/SOCIAL SECURITY NUMBER  
223491779TELEPHONE NUMBER  
8564299558

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE INSTRUCTIONS RELATED TO THIS APPLICATION AND HAVE FULLY EXPLAINED THE RULES AND PROCEDURES OF THE NEW JERSEY WORKERS' COMPENSATION INSURANCE PLAN TO THE APPLICANT. I UNDERSTAND THAT INTENTIONAL MISSTATEMENT OF INFORMATION IN THIS APPLICATION MAY SUBJECT ME TO PENALTIES AS ARE PROVIDED BY LAW INCLUDING, BUT NOT LIMITED TO LOSS OF LICENSE.

I FURTHER UNDERSTAND THAT UNDER NEW JERSEY CRIMINAL LAW, INSURANCE FRAUD IS PUNISHABLE BY UP TO TEN (10) YEARS IMPRISONMENT AND FINES UP TO \$150,000 AS WELL AS CIVIL PENALTIES AUTHORIZED BY THE NEW JERSEY INSURANCE FRAUD PREVENTION ACT. I FURTHER CERTIFY THAT I HAVE WITNESSED THE APPLICANT'S SIGNATURE TO THIS APPLICATION.

IF THIS APPLICATION FOR COVERAGE REPRESENTS AN ELECTRONIC SUBMISSION FOR COVERAGE, I CERTIFY THAT I HAVE WITNESSED THE APPLICANT'S SIGNATURE TO THE "AUTHORIZATION FOR RELEASE OF FUNDS AND CERTIFICATION" AND THAT THE APPLICANT HAS RECEIVED COPIES OF ALL INSTRUMENTS RELATING TO SUCH SUBMISSION, INCLUDING THE INSTRUCTIONS FOR COMPLETING APPLICATION, THE FULLY COMPLETED APPLICATION AND ADDENDUMS AND THE AUTHORIZATION FOR RELEASE OF FUNDS AND CERTIFICATION.

PRINT PRODUCERS SIGNATURE AND TITLE  
JOSEPH J. SCHIPSI JR. PRESIDENTPRODUCERS NJ LICENSE #  
9723306NATIONAL  
PRODUCER  
NUMBER  
00321075PRODUCERS SIGNATURE AND TITLE  
JOSEPH J., SCHIPSI JR. PRESIDENTDATE  
05/03/2007

Printer

Page 5 of 6

NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN  
PAYMENT INFORMATION SCREEN

APPLICATION ID: 00412932

KENVIL UNITED, INC.  
P.O. BOX 32  
WHARTON NJ 07885Check Number  
7001Pay To The Order of  
NJ Workers Compensation Insurance PlanPay Exactly  
\$598.00 Dollars

Bank Name and Address

WACHOVIA  
KENVIL NJ 07847

KENVIL UNITED, INC.

MEMO

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Date: 5/3/2007 4:00 PM

Page 7 of 8

00412932		NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN AUTHORIZATION FOR RELEASE OF FUNDS AND CERTIFICATION		00412932	
Employer: KENVIL UNITED, INC. P.O. BOX 32 WHARTON NJ 07888			NJ Taxpayer ID #: 205011727 Federal Employer ID or SSN: 205011727 Date business began: 2007 Coverage requested effective date: 06/04/2007		
Check amt: 598.00					

7001

**KENVIL UNITED CORPORATION**  
P.O. BOX 32  
WHARTON, NJ 07888

**WILKOVIA**  
4/30/2007

**PAY TO THE ORDER OF NJWCIP**

**Five Hundred Eighty-Nine and 00/100**

**\$ 598.00**

**DOLLARS**

**MEMO: WORKERS COMP.**

00 700 1 10 2 2000 2 51 20000 30 5308 10 4

I authorize draft of funds for the above named bank account.

Signature: *[Signature]* Title: *President* Date: *5/3/07*

**14. APPLICANT CERTIFICATION**

I hereby acknowledge that I have fully read the instructions related to the completion of this application as well as above statements and personally certify that the foregoing statements and information contained in this application are true and accurate to the best of my knowledge and, that I, as an owner/officer, am fully authorized to sign this application on behalf of the applicant, and to bind the applicant. I understand that under New Jersey criminal law, insurance fraud is punishable by up to ten (10) years imprisonment and fines up to \$150,000, as well as civil penalties authorized by the New Jersey Insurance fraud prevention act, if this application for coverage represents an electronic submission for coverage, I further acknowledge receipt of copies of all instruments relating to such submission, including the instructions for completing application, the fully completed application and addendums and the authorization for release of funds and certification.

I understand that, as the applicant, the information provided herein is material and will be relied upon by the Compensation Rating & Inspection Bureau as well as by the designated insurance company, to provide the requested insurance and will be used to calculate my preliminary workers compensation premium.

I also understand that I have a continuing obligation to promptly notify the designated carrier of changes in:

- o The kind of work conducted by the business
- o The size of and/or classification of our workforce
- o The amount of remuneration
- o The business ownership or business structure
- o Change of mailing address and/or principal physical location

I agree to make available all records necessary for a carrier or rating bureau audit and to permit the auditor or other representative to make a physical inspection of our premises/operations. I understand that failure to do this may result in termination of the coverage provided, civil penalties and/or criminal prosecution.

It is further understood that if there is workers compensation liability under the law(s) of any other state(s), other arrangements must be made. In accordance with New Jersey law, if I/we intentionally understate or conceal remuneration, or misrepresent or conceal employee duties, so as to avoid proper classification for premium calculations, or misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor, I/we shall be subject to civil penalties authorized by the New Jersey Insurance fraud prevention act, as well as prosecution under the criminal laws of this state.

Applicant's Signature: *[Signature]* Title: *President* Date: *5/3/07*

**15. PRODUCER CERTIFICATION**

I hereby certify that I have read and understand the instructions related to this application and have fully explained the rules and procedures of the New Jersey workers compensation insurance plan to the applicant. I understand that intentional misstatement of information in this application may subject me to penalties as are provided by law including, but not limited to loss of license.

I further understand that under New Jersey criminal law, insurance fraud is punishable by up to ten (10) years imprisonment and fines up to \$150,000 as well as civil penalties authorized by the New Jersey Insurance fraud prevention act. I certify that I have witnessed the applicant's signature to this application.

If this application for coverage represents an electronic submission for coverage, I certify that I have witnessed the applicant's signature to the authorization for release of funds and certification and that the applicant has received copies of all instruments relating to such submission, including the instructions for completing application, the fully completed application and addendums and the authorization for release of funds and certification.

Producers Signature: *[Signature]* Title: *President* Date: *5/3/07*

<https://www.nicrib.com/crib/arneweh1.coi>

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# **EXHIBIT B**



**COMPENSATION RATING AND INSPECTION BUREAU**



**STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE**

60 PARK PLACE, NEWARK, NJ 07102  
(973) 622-6014

GROVER E. CZECH, ESQ.  
Executive Director

FREDERICK A. HUBER  
Associate Executive Director

Bureau File: 438706

Employer

KENVIL UNITED, INC.  
P.O. BOX 32  
WHARTON, NJ 07885

Designated Producer

JOSEPH J. SCHIPSI, INC.  
303 S. KINGS HIGHWAY, SUI  
CHERRY HILL, NJ 08034

May 09, 2007

WLT-335 348784-017

**NOTICE OF DESIGNATION  
NEW JERSEY WORKERS'  
COMPENSATION INSURANCE PLAN**

MAY 15 2007

**Designated  
Insurance  
Company**

LIBERTY INSURANCE CORPORATION  
INVOLUTARY MARKET OPERATIONS -  
P O BOX 8090  
WAUSAU, WI 54402-8090

598<sup>a</sup>  
elt

**TO THE DESIGNATED INSURANCE COMPANY:** Attached is a copy of the application filed by this employer for designation of an insurance company under the New Jersey Workers' Compensation Insurance Plan, together with a check representing advance premium payment. The check is identified by the following number, date and amount:

WEB APPLICATION NO.	CHECK NUMBER	CHECK DATE	CHECK AMT.
412932	7001	05/03/2007	\$598

*In accordance with paragraph 3 of the Plan, insurance is effective on 12:01 A.M. 05/04/2007.*

**REMARKS:** FOR POLICY PREPARATION SEE APPLICATION FOR NAME OF INSURED.

DOUGLAS WRIGHT  
Plan Underwriter

AR/UN  
Attachment  
WCP-1 (5/91)

NOTE: A copy of this notice is also sent to the Employer and Producer, if any.

Copy sent  
598  
nomel.  
NAB

63  
Inc  
500

# EXHIBIT C

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Kenvil United Corp.  
P.O. Box 32  
Wharton NJ 07885

Send Payments to:  
P.O. Box 9090  
Dover NH 03821-9090

Div                      Account #  
3                        348784

### Earned Premium Statement

As of    06/13/17

Bill Date	Policy	Transaction	AMOUNT
05/04/2013-05/04/2014	WC5-33S-348784-063	Earned Premium	\$455,111.00
05/04/2013-05/04/2014	WC5-33S-348784-063	Surcharge/Assessments	\$26,216.00
07/30/13		Payment Received-Thank You!	(\$25,554.53)
01/13/14		CR from 032	(\$3.47)
05/12/15		Payment Received-Thank You!	(\$112,526.48)
Balance Due			\$343,242.52



**Kenvil United Corp.**  
**P.O. Box 32**  
**Wharton NJ 07885**

Send Payments to:  
 Attn: Payment Processi  
 62 Maple Avenue  
 Keene NH 03431

**Div**                      **Account #**  
**3**                         **348784**

**Statement of Account**  
**As of 06/13/17**

**05/04/2013-05/04/2014**

<b>Bill Date</b>	<b>Policy</b>	<b>Transaction</b>	<b>AMOUNT</b>
06/17/13		Payment Received-Thank You!	(\$6,391.00)
06/17/13	WC5-33S-348784-063	Installment	\$2,250.00
06/17/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.53
06/17/13	WC5-33S-348784-063	Installment	\$6,000.00
06/17/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.53
06/17/13	WC5-33S-348784-063	Surcharge & Assessment	\$287.00
06/17/13	WC5-33S-348784-063	Installment	\$2,250.00
07/15/13	WC5-33S-348784-063	Installment	\$2,250.00
07/15/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.53
07/24/13		Partial Payment Applied (4611.06)	(\$4,171.06)
07/30/13		Partial Payment Applied (25554.53)	(\$2,797.53)
08/15/13	WC5-33S-348784-063	Installment	\$2,250.00
08/15/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.53
09/16/13	WC5-33S-348784-063	Installment	\$2,250.00
09/16/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.53
09/20/13		Payment Received-Thank You!	(\$2,357.53)
09/30/13		Payment Received-Thank You!	(\$2,357.53)
10/15/13	WC5-33S-348784-063	Installment	\$2,250.00
10/15/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.53
11/14/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.53
11/14/13	WC5-33S-348784-063	Installment	\$2,250.00
11/25/13		Payment Received-Thank You!	(\$4,715.06)
11/29/13	WC5-33S-348784-063	Endorsement	\$372.46
12/16/13	WC5-33S-348784-063	Surcharge & Assessment	\$107.29
12/16/13	WC5-33S-348784-063	Installment	\$2,288.54
12/16/13		Payment Received-Thank You!	(\$372.46)
01/10/14		Payment Received-Thank You!	(\$2,768.29)
01/13/14	WC5-33S-348784-063	Refund	\$372.46
06/30/14	WC5-33S-348784-063	Estimated Audit	\$0.00
04/24/15	WC5-33S-348784-063	Surcharge & Assessment	\$23,533.00
04/24/15	WC5-33S-348784-063	Estimated Audit	\$406,055.00
05/12/15		Payment Received-Thank You!	(\$112,526.48)
07/27/16	WC5-33S-348784-063	Surcharge & Assessment	\$28,082.00
07/27/16	WC5-33S-348784-063	Final Audit	\$482,841.00
07/27/16	WC5-33S-348784-063	Billed Adjustment	(\$406,055.00)
07/27/16	WC5-33S-348784-063	Surcharge & Assessment	(\$23,533.00)
04/07/17	WC5-33S-348784-063	Final Audit	(\$52,141.00)
04/07/17	WC5-33S-348784-063	Surcharge & Assessment	(\$3,013.00)
<b>Balance Due</b>			<b>\$343,242.52</b>



LM INSURANCE CORPORATION  
 Workers Compensation Assigned Risk  
 P.O. Box 8090  
 Wausau WI 54402-8090  
 Telephone: (800) 653-7893  
 Fax: (603) 427-1885  
 Email: IMS@LibertyMutual.com

March 13, 2017

KENVIL UNITED CORP  
 PO BOX 32  
 WHARTON NJ 07885

**RE: Audit Exhibit**

Insured: KENVIL UNITED CORP  
 Policy Number: WC5-33S-348784-063  
 Effective Date: May 4, 2013  
 Audit Period: May 4, 2013 - May 4, 2014

Dear KENVIL UNITED CORP,

Your workers compensation policy, WC5-33S-348784-063, expired on May 4, 2014. This is your revised audit exhibit. This exhibit reflects changes we made to correct your previous audit.

***Please be advised this audit exhibit is not an invoice. You will receive an invoice reflecting your account balance under separate cover. This exhibit shows the difference, if any, between the prior policy's estimated premium and the policy's audited premium as a result of this adjustment, and does not reflect any payments made.***

**Location Number and Address**

001 60 DELL AVE, KENVIL, NJ 07847

State	Loc. #	Class Code	Description	Exposure	Rate/ \$100	Premium
For the Period 05-04-2013 to 05-04-2014						
NJ	001	5040	IRON OR STEEL ERECTION: ERECTION-RADIO, TELEVISIO	2,698,835	17.25	465,549
		5057	IRON OR STEEL ERECTION: ERECTION NOC	8,211	13.63	1,119
		5057U	IRON OR STEEL ERECTION: ERECTION NOC	0	20.45	0
		5606	CONTRACTOR-EXECUTIVE SUPERVISOR	0	2.57	0
		5606U	CONTRACTOR-EXECUTIVE SUPERVISOR	0	3.86	0
		8742	SALESPERSONS-OUTSIDE	120,640	0.64	772
		8810	CLERICAL OFFICE EMPLOYEES NOC	45,485	0.25	114
		9530	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	0	9.33	0
		9530U	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	0	14.00	0
			- Total Class Premium --			467,554
		0935	NJSIF SURCHARGE		1.068	26,216

State	Loc. #	Class Code	Description	Exposure	Rate/ \$100	Premium
		9898	EXPERIENCE PREMIUM		0.818	-86,286
		9740	TERRORISM		1.030	862
		6199	INCREASE LIMITS		1.014	6,546
		0942	PLAN PREMIUM ADJ PROGRAM		1.170	65,928
		0936	NJUEF SURCHARGE		1.000	0
		9741	CATASTROPHE (O/T ACTS OF TERR)		1.010	287
		0900	EXPENSE CONSTANT		0.000	220
			-- Total for Period --			481,327
			Total for NJ - Location 001			481,327

AUDIT SUMMARY	Audited Premium
Total State -- NJ	481,327
Total Policy Cost - Revised Audited Premium	481,327
Total Initial Audited Premium	536,481
Change in Premium and Surcharges Due to Audit	-55,154

**Policy Disputes:**

In order to remain eligible for workers' compensation coverage through the assigned-risk market, you must pay all outstanding premium owed unless you can demonstrate that the premium is inaccurate AND that you have taken steps to dispute the inaccuracies with your insurance carrier.

If you dispute any portion of your invoice and for collections to be held on the balance pending dispute resolution, you must comply with all of the following procedures for raising a "bona fide dispute":

- 1 Provide a detailed written explanation of why you believe your invoice is incorrect, including all documentation to verify these findings (This would include, but not be limited to, certificates of insurance for subcontractors, copies of invoices showing a detailed breakdown of materials purchased, a description of all jobs performed by an employee if a class code is disputed, and/or verification of independence for all uninsured contractors, for review.) AND
- 2 Provide a detailed recalculation of what the premium should be (for help in recalculating the undisputed premium please contact your producer of record), AND
- 3 **Mail payment for the undisputed portion of the premium owed by the due date on the invoice to the Liberty Mutual address noted at the bottom of the invoice (the amount arrived at in the calculations of #2).**
- 4 Please submit your written dispute by fax or email as noted below. If this option is not possible, please mail your dispute along with your undisputed payment.

For Physical Audit Disputes: EMAIL or FAX a copy of your dispute to our Audit Operations Dept. at:

Email: [IMOAuditDispute@LibertyMutual.com](mailto:IMOAuditDispute@LibertyMutual.com)

Fax #: 603-334-0291

For Self-Audit Disputes: EMAIL or FAX a copy of your dispute to our Underwriting Operations Dept. at

Email: [IMS@LibertyMutual.com](mailto:IMS@LibertyMutual.com)

Fax #: 603-427-1885

Sincerely,

Commercial Service Operations

cc: JOSEPH J SCHIPSI INC



Kenvil United Corp.  
P.O. Box 32  
Wharton NJ 07885

Send Payments to:  
P.O. Box 9090  
Dover NH 03821-9090

Div                      Account #  
3                         348784

**Earned Premium Statement**  
As of    01/20/17

Bill Date	Policy	Transaction	AMOUNT
05/04/2014-05/04/2015	WC5-33S-348784-064	Earned Premium	\$781,430.00
05/04/2014-05/04/2015	WC5-33S-348784-064	Surcharge/Assessments	\$48,693.00
03/13/14		Payment Received-Thank You!	(\$7,261.00)
04/15/14		Payment Received-Thank You!	(\$4,209.00)
06/12/14		Payment Received-Thank You!	(\$3,972.33)
06/12/14		CR from 042 policy	(\$440.00)
08/27/14		Payment Received-Thank You!	(\$2,479.49)
12/11/14		Payment Received-Thank You!	(\$675.18)
05/20/15		Payment Received-Thank You!	(\$138,534.00)
06/30/15		Prem Adj.	(\$1.00)
11/19/16		Adjustment Premium	\$1.00
<b>Balance Due</b>			<b>\$672,552.00</b>





**Liberty  
Mutual.**  
INSURANCE

Kenvil United Corp.  
P.O. Box 32  
Wharton NJ 07885

Send Payments to:  
Attn: Payment Processi  
62 Maple Avenue  
Keene NH 03431

Div                      Account #  
3                         348784

Statement of Account  
As of      01/20/17

05/04/2014-05/04/2015

Bill Date	Policy	Transaction	AMOUNT
03/13/14		Payment Received-Thank You!	(\$7,261.00)
04/15/14		Payment Received-Thank You!	(\$4,209.00)
05/05/14	WC5-33S-348784-064	Surcharge	\$519.00
05/05/14	WC5-33S-348784-064	Installment	\$11,393.00
05/15/14	WC5-33S-348784-064	Installment	\$3,797.50
05/15/14	WC5-33S-348784-064	Surcharge	\$172.83
06/12/14		Payment Received-Thank You!	(\$3,972.33)
06/12/14		CR from 042 policy	(\$440.00)
07/25/14	WC5-33S-348784-064	Endorsement	(\$1,140.00)
07/25/14	WC5-33S-348784-064	Surcharge	(\$52.67)
08/15/14	WC5-33S-348784-064	Installment	\$3,512.50
08/15/14	WC5-33S-348784-064	Surcharge	\$159.66
08/27/14		Payment Received-Thank You!	(\$2,479.49)
11/05/14	WC5-33S-348784-064	Surcharge	(\$31.50)
11/05/14	WC5-33S-348784-064	Endorsement	(\$2,590.00)
11/14/14	WC5-33S-348784-064	Surcharge	\$154.68
11/14/14	WC5-33S-348784-064	Installment	\$3,142.00
12/11/14		Payment Received-Thank You!	(\$675.18)
04/28/15	WC5-33S-348784-064	Surcharge	\$17,450.00
04/28/15	WC5-33S-348784-064	Endorsement	\$276,308.00
05/20/15		Payment Received-Thank You!	(\$138,534.00)
06/30/15	WC5-33S-348784-064	Surcharge	\$1.00
06/30/15	WC5-33S-348784-064	Estimated Audit	\$0.00
06/30/15		Prem Adj.	(\$1.00)
07/27/16	WC5-33S-348784-064	Surcharge	(\$1.00)
07/27/16	WC5-33S-348784-064	Final Audit	\$487,007.00
07/27/16	WC5-33S-348784-064	Surcharge	\$30,321.00
11/19/16		Adjustment Premium	\$1.00
Balance Due			\$672,552.00



LM INSURANCE CORPORATION  
P.O. Box 8090  
Wausau WI 54402-8090  
Telephone: (800) 653-7893  
Fax: (603) 427-1885  
Email: IMS@LibertyMutual.com

July 27, 2016

KENVIL UNITED CORP  
PO BOX 32  
WHARTON NJ 07885

**RE: Audit Exhibit**

Insured: KENVIL UNITED CORP  
Policy Number: WC5-33S-348784-064  
Effective Date: May 4, 2014  
Audit Period: May 4, 2014 - May 4, 2015

Dear Insured:

Your workers compensation policy, WC5-33S-348784-064, expired on May 4, 2015. This is your final audit exhibit. This exhibit reflects payrolls/other exposures you provided to our representative. NOTE: Current coverage may be endorsed to reflect these payrolls/other exposures.

***Please be advised this audit exhibit is not an invoice. You will receive an invoice reflecting your account balance under separate cover. This exhibit shows the difference, if any, between the prior policy's estimated premium and the policy's audited premium as a result of this adjustment, and does not reflect any payments made.***

**Location Number and Address**

001 60 DELL AVE, KENVIL, NJ 07847

State	Loc. #	Class Code	Description	Exposure	Rate/ \$100	Premium
For the Period 05-04-2014 to 07-30-2014						
NJ	001	5040	IRON OR STEEL ERECTION: ERECTION-RADIO, TELEVISIO	1,385,395	19.71	273,061
		5057	IRON OR STEEL ERECTION: ERECTION NOC	0	13.09	0
		5057U	IRON OR STEEL ERECTION: ERECTION NOC	0	19.64	0
		5059	IRON OR STEEL ERECTION: ERECTION-FRAME STRUCTURES	16,600	28.92	4,801
		5606	CONTRACTOR-EXECUTIVE SUPERVISOR	0	2.75	0
		5606U	CONTRACTOR-EXECUTIVE SUPERVISOR	0	4.13	0
		8742	SALESPERSONS-OUTSIDE	30,810	0.60	185
		8810	CLERICAL OFFICE EMPLOYEES NOC	10,918	0.25	27
		9530	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	24,875	10.13	2,520
		9530U	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	0	15.20	0

State	Loc. #	Class Code	Description	Exposure	Rate/ \$100	Premium
-- Total Class Premium --						280,594
		9741	CATASTROPHE (O/T ACTS OF TERR)		1.010	147
		9898	EXPERIENCE PREMIUM		0.818	-51,783
		0935	NJSIF SURCHARGE		1.066	15,268
		0942	PLAN PREMIUM ADJ PROGRAM		1.170	39,566
		6199	INCREASE LIMITS		1.014	3,928
		9740	TERRORISM		1.030	441
		0900	EXPENSE CONSTANT		0.000	220
		0936	NJUEF SURCHARGE		1.000	0
-- Total for Period --						288,381
For the Period 07-30-2014 to 05-04-2015						
NJ	001	5040	IRON OR STEEL ERECTION: ERECTION-RADIO, TELEVISIO	3,328,878	19.71	656,122
		5057	IRON OR STEEL ERECTION: ERECTION NOC	392,439	13.09	51,370
		5057U	IRON OR STEEL ERECTION: ERECTION NOC	0	19.64	0
		5059	IRON OR STEEL ERECTION: ERECTION-FRAME STRUCTURES	0	28.92	0
		5606	CONTRACTOR-EXECUTIVE SUPERVISOR	0	2.75	0
		5606U	CONTRACTOR-EXECUTIVE SUPERVISOR	0	4.13	0
		8742	SALESPERSONS-OUTSIDE	92,430	0.60	555
		8810	CLERICAL OFFICE EMPLOYEES NOC	42,357	0.25	106
		9530	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	105,920	10.13	10,730
		9530U	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	0	15.20	0
-- Total Class Premium --						718,883
		0935	NJSIF SURCHARGE		1.066	33,425
		9046	CONTRACTORS CREDIT PROGRAM		0.850	-76,430
		0936	NJUEF SURCHARGE		1.000	0
		9740	TERRORISM		1.030	1,189
		9741	CATASTROPHE (O/T ACTS OF TERR)		1.010	396
		6199	INCREASE LIMITS		1.014	10,064
		0942	PLAN PREMIUM ADJ PROGRAM		1.170	73,628
		9898	EXPERIENCE PREMIUM		0.699	-219,413
-- Total for Period --						541,742
Total for NJ - Location 001						830,123

AUDIT SUMMARY	Audited Premium
Total State -- NJ	830,123
Total Policy Cost - Audited Premium	830,123
Total Policy Estimated Premium	312,795
Change in Premium and Surcharges Due to Audit	517,328

**Policy Disputes:**

In order to remain eligible for workers' compensation coverage through the assigned-risk market, you must pay all outstanding premium owed unless you can demonstrate that the premium is inaccurate AND that you have taken steps to dispute the inaccuracies with your insurance carrier.

If you dispute any portion of your invoice and for collections to be held on the balance pending dispute resolution, you must comply with **all** of the following procedures for raising a "bona fide dispute":

- 1 Provide a detailed written explanation of why you believe your invoice is incorrect, including all documentation to verify these findings (This would include, but not be limited to, certificates of insurance for subcontractors, copies of invoices showing a detailed breakdown of materials purchased, a description of all jobs performed by an employee if a class code is disputed, and/or verification of independence for all uninsured contractors, for review.) AND
- 2 Provide a detailed recalculation of what the premium should be (for help in recalculating the undisputed premium please contact your producer of record), AND
- 3 **Mail payment for the undisputed portion of the premium owed by the due date on the invoice to the Liberty Mutual address noted at the bottom of the invoice (the amount arrived at in the calculations of #2).**
- 4 Please submit your written dispute by fax or email as noted below. If this option is not possible, please mail your dispute along with your undisputed payment.

For Physical Audit Disputes: EMAIL or FAX a copy of your dispute to our Audit Operations Dept. at:

Email: [IMOAuditDispute@LibertyMutual.com](mailto:IMOAuditDispute@LibertyMutual.com)

Fax #: 603-334-0291

For Self-Audit Disputes: EMAIL or FAX a copy of your dispute to our Underwriting Operations Dept. at

Email: [IMS@LibertyMutual.com](mailto:IMS@LibertyMutual.com)

Fax #: 603-427-1885

Sincerely,

Commercial Service Operations

cc: JOSEPH J SCHIPSI INC



Kenvil United Corp.  
P.O. Box 32  
Wharton NJ 07885

Send Payments to:  
P.O. Box 9090  
Dover NH 03821-9090

Div                      Account #  
3                         348784

### Earned Premium Statement

As of    01/20/17

Bill Date	Policy	Transaction	AMOUNT
05/04/2015-11/18/2015	WC5-33S-348784-065	Earned Premium	\$615,145.00
05/04/2015-11/18/2015	WC5-33S-348784-065	Surcharge/Assessments	\$33,610.00
03/19/15		Payment Received-Thank You!	(\$10,177.00)
06/08/15		Payment Received-Thank You!	(\$47,776.33)
07/27/15		Payment Received-Thank You!	(\$70,098.76)
10/02/15		Payment Received-Thank You!	(\$59,459.46)
11/04/16		Payment Received-Thank You!	(\$9,813.30)
		Balance Due	\$451,430.15



Kenvil United Corp.  
P.O. Box 32  
Wharton NJ 07885

Send Payments to:  
Attn: Payment Process  
62 Maple Avenue  
Keene NH 03431

Div Account #  
3 348784

Statement of Account

As of 01/20/17

05/04/2015-11/18/2015

Bill Date	Policy	Transaction	AMOUNT
03/19/15		Payment Received-Thank You!	(\$10,177.00)
05/04/15	WC5-33S-348784-065	Endorsement	\$126,832.00
05/04/15	WC5-33S-348784-065	Surcharge	\$410.00
05/04/15	WC5-33S-348784-065	Installment	\$8,328.00
05/04/15	WC5-33S-348784-065	Surcharge	\$7,759.00
05/15/15	WC5-33S-348784-065	Installment	\$45,053.33
05/15/15	WC5-33S-348784-065	Surcharge	\$2,723.00
05/29/15	WC5-33S-348784-065	Endorsement	\$67,986.76
05/29/15	WC5-33S-348784-065	Surcharge	\$2,112.00
06/08/15		Payment Received-Thank You!	(\$47,776.33)
07/27/15		Payment Received-Thank You!	(\$70,098.76)
08/17/15	WC5-33S-348784-065	Installment	\$56,384.46
08/17/15	WC5-33S-348784-065	Surcharge	\$3,075.00
10/02/15		Payment Received-Thank You!	(\$59,459.46)
11/09/15	WC5-33S-348784-065	Surcharge	(\$1,341.00)
11/09/15	WC5-33S-348784-065	Endorsement	(\$25,968.60)
11/16/15	WC5-33S-348784-065	Installment	\$53,499.05
11/16/15	WC5-33S-348784-065	Surcharge	\$2,926.00
01/18/16	WC5-33S-348784-065	Cancellation Audit	(\$160,844.00)
01/18/16	WC5-33S-348784-065	Surcharge	(\$8,280.00)
07/27/16	WC5-33S-348784-065	Billed Adjustment	\$160,844.00
07/27/16	WC5-33S-348784-065	Surcharge	\$8,280.00
07/27/16	WC5-33S-348784-065	Cancellation Mid -Term	\$306,662.00
07/27/16	WC5-33S-348784-065	Surcharge	\$17,172.00
10/25/16	WC5-33S-348784-065	Cancellation Mid -Term	(\$23,632.00)
10/25/16	WC5-33S-348784-065	Surcharge	(\$1,226.00)
11/04/16		Payment Received-Thank You!	(\$9,813.30)
		Balance Due	\$451,430.15

Premium \$437,392.45



LM INSURANCE CORPORATION  
P.O. Box 8090  
Wausau WI 54402-8090  
Telephone: (800) 653-7893  
Fax: (603) 427-1885  
Email: IMS@LibertyMutual.com

October 6, 2016

KENVIL UNITED CORP  
PO BOX 32  
WHARTON NJ 07885

**RE: Audit Exhibit**

Insured: KENVIL UNITED CORP  
Policy Number: WC5-33S-348784-065  
Effective Date: May 4, 2015  
Audit Period: May 4, 2015 - November 18, 2015

Dear Insured:

Your workers compensation policy, WC5-33S-348784-065, cancelled on November 18, 2015. This is your revised audit exhibit. This exhibit reflects changes we made to correct your previous audit.

***Please be advised this audit exhibit is not an invoice. You will receive an invoice reflecting your account balance under separate cover. This exhibit shows the difference, if any, between the prior policy's estimated premium and the policy's audited premium as a result of this adjustment, and does not reflect any payments made.***

**Location Number and Address**

001 60 DELL AVE, KENVIL, NJ 07847

State	Loc. #	Class Code	Description	Exposure	Rate/ \$100	Premium
For the Period 05-04-2015 to 07-30-2015						
NJ	001	5040	IRON OR STEEL ERECTION: ERECTION-RADIO, TELEVISIO	1,326,767	19.71	261,506
		5057	IRON OR STEEL ERECTION: ERECTION NOC	0	13.09	0
		5057U	IRON OR STEEL ERECTION: ERECTION NOC	0	19.64	0
		5059	IRON OR STEEL ERECTION: ERECTION-FRAME STRUCTURES	23,866	28.92	6,902
		5606	CONTRACTOR-EXECUTIVE SUPERVISOR	0	2.75	0
		5606U	CONTRACTOR-EXECUTIVE SUPERVISOR	0	4.13	0
		8742	SALESPERSONS-OUTSIDE	31,460	0.60	189
		8810	CLERICAL OFFICE EMPLOYEES NOC	13,845	0.25	35
		9530	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	78,898	10.13	7,992
		9530U	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	0	15.20	0
- Total Class Premium -						276,624

State	Loc. #	Class Code	Description	Exposure	Rate/ \$100	Premium
		0935	NJSIF SURCHARGE		1.061	11,901
		9898	EXPERIENCE PREMIUM		0.699	-84,430
		9740	TERRORISM		1.030	442
		0900	EXPENSE CONSTANT		0.000	220
		0942	PLAN PREMIUM ADJ PROGRAM		1.170	28,332
		9046	CONTRACTORS CREDIT PROGRAM		0.850	-29,410
		9741	CATASTROPHE (O/T ACTS OF TERR)		1.010	147
		6199	INCREASE LIMITS		1.014	3,873
		0936	NJUEF SURCHARGE		1.000	0
			-- Total for Period --			207,699
			For the Period 07-30-2015 to 11-18-2015			
NJ	001	5040	IRON OR STEEL ERECTION: ERECTION-RADIO, TELEVISIO	2,143,304	22.17	475,170
		5057	IRON OR STEEL ERECTION: ERECTION NOC	0	13.20	0
		5057U	IRON OR STEEL ERECTION: ERECTION NOC	0	19.80	0
		5059	IRON OR STEEL ERECTION: ERECTION-FRAME STRUCTURES	23,498	30.26	7,110
		5606	CONTRACTOR-EXECUTIVE SUPERVISOR	0	2.76	0
		5606U	CONTRACTOR-EXECUTIVE SUPERVISOR	0	4.14	0
		8742	SALESPERSONS-OUTSIDE	36,300	0.60	218
		8810	CLERICAL OFFICE EMPLOYEES NOC	29,802	0.28	83
		9530	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	32,928	9.83	3,237
		9530U	MOBILE CRANE AND HOISTING SERVICE CONTRACTORS-NOC	0	14.75	0
			-- Total Class Premium --			485,818
		0942	PLAN PREMIUM ADJ PROGRAM		1.170	60,799
		9740	TERRORISM		1.030	680
		0935	NJSIF SURCHARGE		1.061	21,709
		9741	CATASTROPHE (O/T ACTS OF TERR)		1.010	227
		9898	EXPERIENCE PREMIUM		0.726	-134,978
		6199	INCREASE LIMITS		1.014	6,801
		0936	NJUEF SURCHARGE		1.000	0
			-- Total for Period --			441,056
			Total for NJ - Location 001			648,755

AUDIT SUMMARY	Audited Premium
Total State -- NJ	648,755
Total Policy Cost - Revised Audited Premium	648,755
Total Initial Audited Premium	673,613
Change in Premium and Surcharges Due to Audit	-24,858



**Policy Disputes:**

In order to remain eligible for workers' compensation coverage through the assigned-risk market, you must pay all outstanding premium owed unless you can demonstrate that the premium is inaccurate AND that you have taken steps to dispute the inaccuracies with your insurance carrier.

If you dispute any portion of your invoice and for collections to be held on the balance pending dispute resolution, you must comply with **all** of the following procedures for raising a "bona fide dispute":

- 1 Provide a detailed written explanation of why you believe your invoice is incorrect, including all documentation to verify these findings (This would include, but not be limited to, certificates of insurance for subcontractors, copies of invoices showing a detailed breakdown of materials purchased, a description of all jobs performed by an employee if a class code is disputed, and/or verification of independence for all uninsured contractors, for review.) AND
- 2 Provide a detailed recalculation of what the premium should be (for help in recalculating the undisputed premium please contact your producer of record), AND
- 3 **Mail payment for the undisputed portion of the premium owed by the due date on the invoice to the Liberty Mutual address noted at the bottom of the invoice (the amount arrived at in the calculations of #2).**
- 4 Please submit your written dispute by fax or email as noted below. If this option is not possible, please mail your dispute along with your undisputed payment.

For Physical Audit Disputes: EMAIL or FAX a copy of your dispute to our Audit Operations Dept. at:

Email: [IMOAuditDispute@LibertyMutual.com](mailto:IMOAuditDispute@LibertyMutual.com)

Fax #: 603-334-0291

For Self-Audit Disputes: EMAIL or FAX a copy of your dispute to our Underwriting Operations Dept. at

Email: [IMS@LibertyMutual.com](mailto:IMS@LibertyMutual.com)

Fax #: 603-427-1885

Sincerely,

Commercial Service Operations

cc: JOSEPH J SCHIPSI INC